Children with Special Health Care Needs

County:	Date of evaluation:	_ Client Name:_			DOB:	<u></u>	
CSH#:	RID#:		-				
Care Coordinate	or's Name:		Evaluators	Name:			
Tier Level:	Contacts made according to Tier Level Yes No						
OUTCOME:	All children with special health care needs will	receive regula	r ongoing co	mprehensive care w	ithin a medical home.		_
(M	PARAMETER (edical Needs/Medical Management)	Assessed	Problems	Interventions		COMMENTS	
1. Evidence that preventative ca	at the client has a usual source of care and routine are.						
	nat the client has a personal doctor or nurse who nt/family and their health history.						
□□□3. Evide	ence of a medical treatment plan and that the			3. Evidence of a n experiences no pro complete the plan.			
4. Evidence the each other when	e child's health care providers communicate with n needed.						
with client's ear	e client's health care providers communicate rly intervention program, school, child care ocational rehabilitation program when needed.						

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OUTCOME: All children with special health care needs will receive regular ongoing comprehensive care within a medical home.						
PARAMETER (Medical Needs/Medical Management)	Assessed	Problems	Interventions	COMMENTS		
6. Evidence that age appropriate anticipatory guidance and/or parental education was provided in the areas of learning, development, behavior, physical care, well being, injury prevention and other health conditions that affect the client's day-to-day life.						
OUTCOME: All families of children with special health care needs will have adequate private and/or public insurance to pay for the services they need.						
PARAMETER (Finances)	Assessed	Problems	Intervention	COMMENTS		
7. A. Evidence client/family's financial situation was assessed and referrals to necessary services have been completed. Documentation is present of follow- up regarding outcome. B. Documentation is present of follow- up regarding outcome.						

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OUTCOME: All children will be screened early and continuously for special health care needs.						
PARAMETER (Resource Utilization)	Assessed	Problems	Intervention	COMMENTS		
8. Evidence that the client has received an annual well child evaluation by a health care provider.						
9. Evidence that the health care providers usually or always spent enough time with the client and family, listened carefully, was sensitive to family's values and customs, provided needed information about child's care, and made the family feel like a partner in child's care. 10. Evidence that assessment of psychosocial wellbeing of the family included health of family members, emotional well being and support from the family and community						
11. Evidence of needed follow-up or assistance given to family to increase their coping and strengths.						
12. Evidence that family was informed of their rights and responsibilities and proper documentation was made for authorization of services.						

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(Collaboration in setting goals for plan of care)		Problems	Interven	tion	COMMENTS
for plan of care)					
II.					
13. Evidence of collaboration between the nurse					
and client/family about annual goals and expected					
outcomes.					
					opriate transitions to all aspects of adult life, including adult
health care, work, and independence. COMPLE	TE THIS SE	ECTION FOR	R All CLIEN	<u>rs.</u>	
PARAMETER		Assessed	ssed Problems Intervention		COMMENTS
(Resource Utilization)					
14. A. Evidence of collaboration with hospitals and a					
providers in the transition of preemie care to the hom					
B. Evidence of collaboration with schools in transition of a					
B. Evidence of collaboration with schools in transchild with a high level of special needs into primary §	grades.				
child with a high level of special needs into primary §					
child with a high level of special needs into primary § 15. Evidence of planning for transition to adult syste from current pediatric system. 16. Evidence of assisting the family in planning for					
child with a high level of special needs into primary § 15. Evidence of planning for transition to adult syste from current pediatric system.					